

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONFORM APPROVED
OMB NO. 0938-0193**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 3 - 0 8 1A

2. STATE:

New Jersey

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

August 10, 2003

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 U.S.C. 1396r-4(g)(2)

7. FEDERAL BUDGET IMPACT:

a. FFY 2003 \$ 9,268,331

b. FFY 2004 \$ 66,487,695

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-A, page 1-264

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Same

10. SUBJECT OF AMENDMENT:

DSH of 175% for Government Hospital (UMDNJ)

11. GOVERNOR'S REVIEW (Check One):

- ☐
- GOVERNOR'S OFFICE REPORTED NO COMMENT
-
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
-
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Not required per
7.4 of the Plan

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Gwendolyn L. Harris

14. TITLE:

Commissioner

15. DATE SUBMITTED:

9-16-03

16. RETURN TO:

Jean Cary
D.H.A.H.S.
P.O. Box 712, #26
Trenton, NJ 08625

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

SEP 25 2003

18. DATE APPROVED:

AUG 24 2004

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

AUG 10 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Carmen Keller

22. TITLE:

Deputy Director, CMSO

23. REMARKS:

**Attachment 4.19A
Page I-264****5. Payments for the University of Medicine and Dentistry**

a) The Commissioner of Human Services shall designate as a DSH and make a DSH payment to teaching hospitals whose medical programs are established by the Department of Education and whose board of trustees include both the Chancellor of Higher Education and the Commissioner of Health and Senior Services or their successors.

b) Payments shall be calculated in the following manner:

i) The DSH payments for UMDNJ shall equal the total operating cost of the hospital, less any third party amounts, including all other Medicaid payments, (other than DSH payments) and payments from non-governmental sources for services provided by the hospital to individuals who are either eligible for medical assistance or uninsured. The following formula illustrates the payment adjustment to be made to eligible hospitals:

$$\text{Payment} = \text{Total Operating Cost} - [\text{Medicaid Payments excluding DSH}] + (\text{Third Party Payments and Non-State Sourced Payments})$$

c) Effective with the State Fiscal Year that begins on or after September 30, 2002, and ends on the last day of the succeeding State Fiscal Year, DSH payments for UMDNJ shall equal 175 percent of the total operating cost of the hospital, less any third party amounts, including all other Medicaid payments and payments from non-governmental sources, for services provided by the hospital to individuals who are either eligible for medical assistance or uninsured. Payments shall be calculated in the following manner:

$$\text{Payment} = 1.75 \times \{ \text{Total Operating Cost} - [\text{Medicaid Payments excluding DSH} + (\text{Third Party Payments and Non-State Sourced Payments})] \}$$

03-08-MA (NJ)

TN 03-08

Approval Date AUG 24 2004

Supersedes 01-16-MA (NJ)

Effective Date AUG 10 2003